

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.  
PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10090472

CLAIMS AS FILED - PART I			SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)			(Column 2)		(Column 3)		
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES	
BASIC FEE (17 CFR 1.16(a))				\$		\$ 740	
TOTAL CLAIMS (17 CFR 1.16(a))	39	minus 20 = 19			OR x \$ 18 =	342	
INDEPENDENT CLAIMS (17 CFR 1.16(a))	3	minus 3 = 0			OR x \$ 4 =	0	
MULTIPLE DEPENDENT CLAIM PRESENT (17 CFR 1.16(d))					OR + =	0	
					OR TOTAL	1082	
* If the difference in column 1 is less than zero, enter "0" in column 2.							
CLAIMS AS AMENDED - PART II			SMALL ENTITY		OTHER THAN SMALL ENTITY		
(Column 1)			(Column 2)		(Column 3)		
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (17 CFR 1.16(a))	16	Minus	39	x \$ =	0	OR x \$ =	
Independent (17 CFR 1.16(a))	1	Minus	3	x \$ =	0	OR x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					OR + =		
					OR TOTAL ADDIT. FEE		
(Column 1)			(Column 2)		(Column 3)		
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (17 CFR 1.16(a))	16	Minus	39	x \$ =		OR x \$ =	
Independent (17 CFR 1.16(a))	1	Minus	3	x \$ =		OR x \$ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					OR + =		
					OR TOTAL ADDIT. FEE		
(Column 1)			(Column 2)		(Column 3)		
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (17 CFR 1.16(a))	Minus	39	=	x \$ =		OR x \$ =	
Independent (17 CFR 1.16(a))	Minus	3	=	x \$ =		OR x \$ = 1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.16(d))					OR + =		
					OR TOTAL ADDIT. FEE		

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "1".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark

Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for  
Patents, Washington, DC 20231.